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OMB#: 2050-0028 Expires 06/30/2009

SEND COMPLETED FORM TO: The Appropriate State or EPA Regional Office.	United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM		
1. Reason for Submittal (See instructions on page 13.) MARK ALL BOX(ES) THAT APPLY	Reason for Submittal: <input checked="" type="checkbox"/> To provide Initial Notification of Regulated Waste Activity (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities) <input type="checkbox"/> To provide Subsequent Notification of Regulated Waste Activity (to update site identification information) <input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application <input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____) <input type="checkbox"/> As a component of the Hazardous Waste Report		
2. Site EPA ID Number (page 14)	EPA ID Number <u>TXR0000079304</u>		
3. Site Name (page 14)	Name: DTX Oil -- Channelview <u>DTX Oil, LLC</u>		
4. Site Location Information (page 14)	Street Address: <u>16514 DeZavala Road</u> <u>De Zavalla Rd</u>		State: TX
	City, Town, or Village: Channelview		Zip Code: 77530
	County Name: Harris		Zip Code: 77530 — <u>4616</u>
5. Site Land Type (page 14)	Site Land Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
6. North American Industry Classification System (NAICS) Code(s) for the Site (page 14)	A. <u>3 2 4 1 9 1</u>	B. <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u>	
	C. <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u>	D. <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u>	
7. Site Mailing Address (page 15)	Street or P. O. Box: 2704 Old Rosebud Road, Suite 120		
	City, Town, or Village: Lexington		
	State: Kentucky		
	Country: United States	Zip Code: 40509 — <u>8628</u>	
8. Site Contact Person (page 15)	First Name: Scott	MI: H	Last Name: Luna
	Phone Number: (859) 543-0611 Extension:		Email address: luna@dtxoil.com
9. Operator and Legal Owner of the Site (pages 15 and 16)	A. Name of Site's Operator: DTX Oil		Date Became Operator (mm/dd/yyyy): 09/01/2007
	Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
	B. Name of Site's Legal Owner: DTX Oil		Date Became Owner (mm/dd/yyyy): 09/01/2007
	Owner Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		

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9. Legal Owner (Continued) Address	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td colspan="2">Street or P. O. Box: 2704 Old Rosebud Road, Suite 120</td></tr><tr><td colspan="2">City, Town, or Village: Lexington</td></tr><tr><td colspan="2">State: Kentucky</td></tr><tr><td>Country: United States</td><td>Zip Code: 40509</td></tr></table>	Street or P. O. Box: 2704 Old Rosebud Road, Suite 120		City, Town, or Village: Lexington		State: Kentucky		Country: United States	Zip Code: 40509						
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State: Kentucky															
Country: United States	Zip Code: 40509														
10. Type of Regulated Waste Activity Mark "Yes" or "No" for all activities; complete any additional boxes as instructed. (See instructions on pages 17 to 20.)															
A. Hazardous Waste Activities Complete all parts for 1 through 6.															
Y <input checked="" type="checkbox"/> N <input type="checkbox"/> 1. Generator of Hazardous Waste If "Yes", choose only one of the following - a, b, or c. <input type="checkbox"/> a. LQG: Greater than 1,000 kg/mo (2,200 lbs./mo.) of non-acute hazardous waste; or <input type="checkbox"/> b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs./mo.) of non-acute hazardous waste; or <input checked="" type="checkbox"/> c. CESQG: Less than 100 kg/mo (220 lbs./mo.) of non-acute hazardous waste In addition, indicate other generator activities. Y <input type="checkbox"/> N <input checked="" type="checkbox"/> d. United States Importer of Hazardous Waste Y <input type="checkbox"/> N <input checked="" type="checkbox"/> e. Mixed Waste (hazardous and radioactive) Generator	Y <input type="checkbox"/> N <input checked="" type="checkbox"/> 2. Transporter of Hazardous Waste Y <input type="checkbox"/> N <input checked="" type="checkbox"/> 3. Treater, Storer, or Disposer of Hazardous Waste (at your site) Note: A hazardous waste permit is required for this activity. Y <input type="checkbox"/> N <input checked="" type="checkbox"/> 4. Recycler of Hazardous Waste (at your site) Y <input type="checkbox"/> N <input checked="" type="checkbox"/> 5. Exempt Boiler and/or Industrial Furnace If "Yes", mark each that applies. <input type="checkbox"/> a. Small Quantity On-site Burner Exemption <input type="checkbox"/> b. Smelting, Melting, and Refining Y <input type="checkbox"/> N <input checked="" type="checkbox"/> 6. Underground Injection Control														
B. Universal Waste Activities Y <input type="checkbox"/> N <input checked="" type="checkbox"/> 1. Large Quantity Handler of Universal Waste (accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal mark all boxes that apply: <div style="text-align: right; margin-right: 20px;"><u>Manage</u></div> <table style="width: 100%;"><tr><td>a. Batteries</td><td><input type="checkbox"/></td></tr><tr><td>b. Pesticides</td><td><input type="checkbox"/></td></tr><tr><td>c. Mercury containing equipment</td><td><input type="checkbox"/></td></tr><tr><td>d. Lamps</td><td><input type="checkbox"/></td></tr><tr><td>e. Other (specify) _____</td><td><input type="checkbox"/></td></tr><tr><td>f. Other (specify) _____</td><td><input type="checkbox"/></td></tr><tr><td>g. Other (specify) _____</td><td><input type="checkbox"/></td></tr></table> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> 2. Destination Facility for Universal Waste Note: A hazardous waste permit may be required for this activity.	a. Batteries	<input type="checkbox"/>	b. Pesticides	<input type="checkbox"/>	c. Mercury containing equipment	<input type="checkbox"/>	d. Lamps	<input type="checkbox"/>	e. Other (specify) _____	<input type="checkbox"/>	f. Other (specify) _____	<input type="checkbox"/>	g. Other (specify) _____	<input type="checkbox"/>	C. Used Oil Activities Mark all boxes that apply. Y <input type="checkbox"/> N <input checked="" type="checkbox"/> 1. Used Oil Transporter If "Yes", mark each that applies. <input type="checkbox"/> a. Transporter <input type="checkbox"/> b. Transfer Facility Y <input checked="" type="checkbox"/> N <input type="checkbox"/> 2. Used Oil Processor and/or Re-refiner If "Yes", mark each that applies. <input checked="" type="checkbox"/> a. Processor <input checked="" type="checkbox"/> b. Re-refiner Y <input type="checkbox"/> N <input checked="" type="checkbox"/> 3. Off-Specification Used Oil Burner Y <input type="checkbox"/> N <input checked="" type="checkbox"/> 4. Used Oil Fuel Marketer If "Yes", mark each that applies. <input type="checkbox"/> a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner <input type="checkbox"/> b. Marketer Who First Claims the Used Oil Meets the Specifications
a. Batteries	<input type="checkbox"/>														
b. Pesticides	<input type="checkbox"/>														
c. Mercury containing equipment	<input type="checkbox"/>														
d. Lamps	<input type="checkbox"/>														
e. Other (specify) _____	<input type="checkbox"/>														
f. Other (specify) _____	<input type="checkbox"/>														
g. Other (specify) _____	<input type="checkbox"/>														

11. Description of Hazardous Wastes (See instructions on page 21.)

A. Waste Codes for Federally Regulated Hazardous Wastes. Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

D001	F003					

B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes. Please list the waste codes of the State-regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed for waste codes.

12. Comments (See instructions on page 21.)

13. Certification. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. For the RCRA Hazardous Waste Part A Permit Application, all operator(s) and owner(s) must sign (see 40 CFR 270.10 (b) and 270.11). (See instructions on page 21.)

Signature of operator, owner, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
<i>Scott Luna</i>	Scott Luna, EHS Manager, DTX Oil	08/01/2008